



**CITY OF HAGERSTOWN
PLANNING & CODE ADMINISTRATION DEPARTMENT**

1 East Franklin Street
Third Floor
Hagerstown, MD 21740

Phone: 301-790-4163
Fax: 301-791-2650

**BUILDING PERMIT APPLICATION FOR CHANGE OF USE & OCCUPANCY CLASSIFICATION
(without any modification to the existing floorplan)**

Submittal Requirements

- If applicant is not the owner of the property, then an Affidavit from the owner authorizing the applicant to make an application for the permit is required.
- Building Permit Application
- Historic District Commission Approval, if applicable
- Floodplain Administration Approval, if applicable
- Three copies of plot plan. When at all possible, a legal survey should be used. If a survey is not being used, the plot plan can be drawn by hand. Plot plan must be on letter or legal size paper, and must include the following:
 - All property lines and property line dimensions.
 - Square footage or acreage of the property
 - Building Restriction Lines (BRL) and any utility easements (if known)
 - Scale of drawing
 - Property Owner name(s), if different than applicant
 - Street Address of Property
 - Show any existing dwellings and any other existing structures
 - Show existing or new driveway
 - Detailed dimensions of the proposed new construction
 - Proposed new construction location with setbacks from the proposed new construction to property lines and to the nearest structure in **EACH DIRECTION**.
- Three complete sets of drawings – see plan review checklist to determine what must be included.
- All fees must be paid at time of application if the total fee is less than \$100.00 or if work was started prior to issuance of a building permit. If fee total is more than \$100.00, then a \$100.00 deposit must be made at the time of application.



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**BUILDING PERMIT PLAN REVIEW CHECKLIST FOR CHANGE OF USE & OCCUPANCY CLASSIFICATION
(without any modification to the existing floorplan)**

Three complete sets of scaled plans minimum $\frac{3}{16}$ " to one foot, $\frac{1}{4}$ " to one foot scale is preferred
(Note: one set will be returned to you with the approved permit.)

- Floor plans must be submitted, including foundation/crawl space/basement, first floor, second floor, attics/lofts. All rooms including unfinished areas must be labeled. (If space is part of a larger building, information shall be provided indicating relation to the rest of the building.)
- Overall square footage and dimensions, including height of structure
- Proposed Building/ Space Occupant Load
- Compliance with Maryland Accessibility Code for door hardware, entrances, and restrooms (as applicable)
- Drinking fountain (if applicable)
- Fire Separation Details (if applicable)
- Fire alarm and sprinkler system requirements (if applicable)
- Location and layout of all toilet/ restroom facilities
- Means of egress locations
- Emergency Lighting and Exit signage locations
- Window and Door sizes
- Interior finishes; walls, ceilings, floors, etc.
- Ceiling heights within building/ space
- Mechanical, Electrical, and Plumbing Systems – new or existing (as applicable)
 - Heating/ Ventilation systems being provided
 - Plumbing fixtures being provided
 - Lighting and cable or internet being provided

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Hagerstown, Maryland 21740
(301) 790-4163



Type:	CHANGE OF USE & OCCUPANCY
Process Date:	
Appl. #:	

BUILDING PERMIT APPLICATION FOR CHANGE OF USE & OCCUPANCY CLASSIFICATION
(without any modification to the existing floorplan)

FILL IN ALL APPROPRIATE SECTIONS – PLEASE PRINT – MUST BE LEGIBLE

SECTION I – PROJECT INFORMATION

<p>Estimated Cost of Construction \$ _____ <i>includes electrical, plumbing, hvac, labor & materials</i></p> <p>TYPE OF CONSTRUCTION (select all that apply)</p> <p>Change Of Use <input type="checkbox"/></p>	<p>Floor Area</p> <p>List total gross square footage of space to be occupied, which includes all finished and unfinished space: _____</p> <p>List the square footage of space for each type of proposed use to be included: Office _____ SF Warehouse _____ SF Retail _____ SF Manufacturing _____ SF Other _____ SF</p>
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SECTION II – PROPERTY INFORMATION

Address of Jobsite	Property Owner(s) Name(s)
Lot No. _____ Suite No. _____	Property Owner(s) Address
Subdivision Name: _____	_____
	Phone: _____ Cell Phone: _____

SECTION III – CONTACT INFORMATION

Primary Contact	Business
Name	Company Name
Current Mailing Address	Current Mailing Address
_____	_____
Phone No. _____ Cell No. _____	Phone No. _____ Cell No. _____
Email (required)	Email

SECTION IV – PROJECT DETAILS

Previous Use (describe in detail the previous use. Include manufacturing or assembly processes, machines used, materials used and stored, products sold, services provided, etc., if necessary additional sheets may be attached):

Proposed New Use (describe in detail the new proposed use. Include manufacturing or assembly processes, machines used, materials used and stored, products sold, services provided, etc., if necessary additional sheets may be attached):

Business Details

Type of Proposed Use

<input type="checkbox"/> Beauty/ Barber Shop	<input type="checkbox"/> Residential
<input type="checkbox"/> Health Care	<input type="checkbox"/> Theater
<input type="checkbox"/> Office/ Business	<input type="checkbox"/> Store (Mercantile)
<input type="checkbox"/> Place of Worship	<input type="checkbox"/> Other:
<input type="checkbox"/> Restaurant	
<input type="checkbox"/> Tattoo Shop	

No. of employees:	
Days/ Hours of Operation: (Please note the hours of operation for each day that the business will be open)	Sunday
	Monday
	Tuesday
	Wednesday
	Thursday
	Friday
	Saturday

Building Planning Details

Exterior of building:
 Will the exterior of the building be altered in any way?
 Yes No
 If yes, describe work: _____

Will there be outdoor storage (including temporary storage) or operations? Yes No
 If yes, describe activities, materials to be stored, and any method to provide screening and/or security: _____

Sprinklers & Fire Alarm Systems – are any of the following systems being provided:

Sprinkler System? Yes No Partial Existing? Yes No
 If yes, type of system: NFPA-13 NFPA-13R NFPA-13D

Fire Alarm System? Yes No Partial Existing? Yes No

Accessibility of building:

Is there an existing elevator? Yes No
 Is there an accessible entrance? Yes No
 If yes, describe: _____
 If no, how many stairs are required to gain entry? _____

Are Restrooms provided? Yes No
 No. of restrooms provided:
 Male _____ Female _____ Unisex _____

Are Accessible Restrooms provided? Yes No
 If yes, provide number of accessible restrooms: _____

Is there a drinking fountain provided? Yes No
 If yes, provide number of drinking fountains: _____

Interior of building:

Interior Walls
 Drywall Other, list: _____

Interior Ceilings
 Drywall Other, list: _____

Floor Coverings:
 Hardwood Carpet Vinyl Tile All

Is there any electrical, plumbing, or mechanical work being conducted to obtain the proposed occupancy?
 Yes No
 If yes, please describe: _____

Parking Information

Is there existing parking? yes no
 Will it be used? yes no
 No. of spaces provided _____
 No. of Accessible Parking spaces provided _____

Signage

Will existing signage be affected (altered, added, or changed)?
 Yes No
 If yes, describe location and size of existing signage and what changes will occur: _____

If a new sign will be provided, a separate permit is required.

Applicant Information

Applicant's Name:

Current Mailing Address:

Phone No.

Cell No.

Email (required)

Building Permits and Applications for Building Permits are Non-transferrable and Non-assignable.

IMPORTANT – PLEASE READ CAREFULLY

The Applicant hereby certifies and agrees as follows: 1) That he/she is authorized to make this application, 2) that the information is correct, 3) that he/she will comply with all provisions of City of Hagerstown Regulations and State Laws whether herein specified or not, 4) that no work requiring permits will be performed on the referenced property that is not specifically described in this application prior to obtaining said permits, 5) that he/she understands that any and all electrical, plumbing, or mechanical work requires separate permits. Any changes made without approval of the agencies involved shall constitute a suspension of the building permit until revised plans are approved. A revision fee may be charged.

Signature of APPLICANT

Please print name

Date Signed

Association with project

Dec 31, 2016/pah